



ENCOMPASS

Custom Backrest

May 2020

Mark For: _____
 Date: _____
 Dealer Acct #: _____
 Dealer: _____
 Dealer Contact: _____
 Dealer Address: _____
 Dealer City: _____ ST: _____ ZIP: _____
 Dealer Phone: () _____ Fax: () _____
 Confirmation Email: _____
 Confirm Via: Fax Email

Submitting for: Quote Order
 PO#: _____

ADDITIONAL SHIPPING INFORMATION

Ship To: _____
 Attention: _____
 Address: _____
 Address: _____
 Ship To City: _____ ST: _____ ZIP: _____
 Ship To Phone: () _____ Fax: () _____

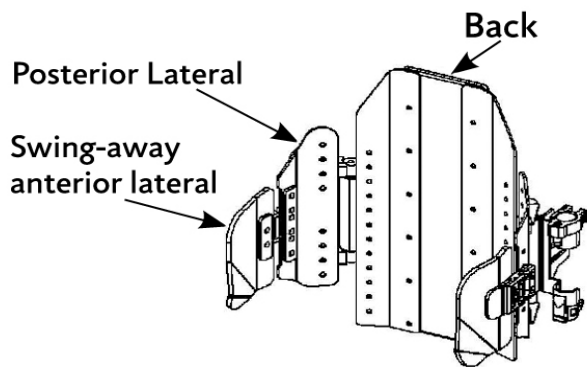
*The HCPCS CODES provided are based on code verification through PDAC or our interpretation of the code definitions.
 The use of HCPCS CODES does not ensure coverage or payment. For coverage information, verify the appropriate payer's coverage policy.*

✓	Option #	HCPCS	Definition	Price	✓	Option #	HCPCS	Definition	Price
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STEP 1 - SELECT SEAT BACK

Encompass Custom Backrest			
<input type="checkbox"/>	SBK90XX	E2617	Solid Back Package Custom \$495
<i>Select Size</i>			
<input type="checkbox"/>	ENC1000		18" Tall or Less \$245
<input type="checkbox"/>	ENC1010		Greater than 18" Tall \$245
	ENC1500		Removable Encompass Mounting Hardware \$170
	HR0001		Universal Headrest Adapter Plate \$80

Back sizes available in 1" increments only. Standard foam is 1" High Resiliency. Cover is black Air Exchange/contact surface; Dartex/non-contact surface. No additional upholstery options are available.



Shown without Foam or Cover

Width Dimensions

Wheelchair width determines correct selection of back, which is sized to fit between uprights.

<input type="checkbox"/> 14"	<input type="checkbox"/> 15"	<input type="checkbox"/> 16"	<input type="checkbox"/> 17"
<input type="checkbox"/> 18"	<input type="checkbox"/> 19"	<input type="checkbox"/> 20"	<input type="checkbox"/> 21"
<input type="checkbox"/> 22"	<input type="checkbox"/> 23"	<input type="checkbox"/> 24"	<input type="checkbox"/> 25"

Height Dimensions

<input type="checkbox"/> 12"	<input type="checkbox"/> 13"	<input type="checkbox"/> 14"	<input type="checkbox"/> 15"
<input type="checkbox"/> 16"	<input type="checkbox"/> 17"	<input type="checkbox"/> 18"	<input type="checkbox"/> 19"
<input type="checkbox"/> 20"	<input type="checkbox"/> 21"	<input type="checkbox"/> 22"	<input type="checkbox"/> 23"
<input type="checkbox"/> 24"	<input type="checkbox"/> 25"	<input type="checkbox"/> 26"	<input type="checkbox"/> 27"
<input type="checkbox"/> 28"			

Encompass Sizing Guide

Wheelchair Width	Lateral Size(s) (Standard)	Overall Back Width (w/o Laterals)	Overall Back Width with Posterior Laterals		Patient Thoracic Width Using Swing-Away Laterals	
			Minimum	Maximum	Minimum	Maximum
14	Small	7.2	8.5	14	7.5	13.5
15	Small	8.2	9.5	15	8.5	14.5
16	Small	9.2	10.5	16	9.5	15.5
17	Med-Small	10.2	11.5	17	10.5	16.5
18	Med-Small	11.2	12.5	18	11.5	17.5
19	Med-Small	12.2	13.5	19	12.5	18.5
20	Med-Large	13.2	14.5	20	13.5	19.5
21	Med-Large	14.2	15.5	21	14.5	20.5
22	Med-Large	15.2	16.5	22	15.5	21.5
23	Large	16.2	17.5	23	16.5	22.5
24	Large	17.2	18.5	24	17.5	23.5
25	Large	18.2	19.5	25	18.5	24.5

STEP 2 - SELECT FOAM MODIFICATION

Foam Modifications to Back section are in addition to the 1/2" closed cell base layer. Recommended total foam thickness is 2" including base layer.

T-Foam			
<input type="checkbox"/>	ENCFOAMT1	1" T-Foam	\$80
<input type="checkbox"/>	ENCFOAMT1.5	1.5" T-Foam	\$90
<input type="checkbox"/>	ENCFOAMT2	2" T-Foam	\$105
<input type="checkbox"/> X-Soft (Yellow) <input type="checkbox"/> Soft (Pink) <input type="checkbox"/> Medium (Blue)			

Sunmate Foam			
<input type="checkbox"/>	ENCFOAMSM1	1" Sunmate Foam	\$65
<input type="checkbox"/>	ENCFOAMSM1.5	1.5" Sunmate Foam	\$80
<input type="checkbox"/>	ENCFOAMSM2	2" Sunmate Foam	\$95
<input type="checkbox"/> Soft <input type="checkbox"/> Med. Soft <input type="checkbox"/> Medium <input type="checkbox"/> Firm			

Gel			
<input type="checkbox"/>	ENCFOAMG.5	1/2" Gel	\$170
<input type="checkbox"/>	ENCFOAMG1	1" Gel	\$170
<input type="checkbox"/>	ENCFOAMGC	1/2" Cubed Gel	\$170

Additional Foam			
<input type="checkbox"/>	ENCFOAMX.5	Add HR Foam per 1/2"	\$25
Inches X \$25 =			
<input type="checkbox"/>	ENC5000	F.I.P. Kit	\$425

SUBTOTAL OF SECTION 2: FOAM MODIFICATION
\$ _____

STEP 3 - SELECT LATERALS

Foam Modifications Laterals are in addition to the 1/2" closed cell base layer. Recommended total foam thickness is 1" including base layer.

STEP 3A - Posterior Laterals

A. Posterior (POS) Laterals - LEFT ONLY				
<input type="checkbox"/>	ENC2010L-RT	E0956	LEFT SM 9.5"H X 3.25"D	\$125
<input type="checkbox"/>	ENC2020L-RT	E0956	LEFT MED-SM 10.5"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2030L-RT	E0956	LEFT MED-LG 11.25"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2040L-RT	E0956	LEFT LG 11.75"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2099L-RT	E0956	LEFT Custom POS Lateral	QUOTE
		Height	Depth	
Notes: _____				

A. Posterior (POS) Laterals - RIGHT ONLY				
<input type="checkbox"/>	ENC2010R-RT	E0956	RIGHT SM 9.5"H X 3.25"D	\$125
<input type="checkbox"/>	ENC2020R-RT	E0956	RIGHT MED-SM 10.5"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2030R-RT	E0956	RIGHT MED-LG 11.25"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2040R-RT	E0956	RIGHT LG 11.75"H X 3.5"D	\$125
<input type="checkbox"/>	ENC2099R-RT	E0956	RIGHT Custom POS Lateral	QUOTE
		Height	Depth	
Notes: _____				

SUBTOTAL OF SECTION 3A: POS LATERALS
\$ _____

STEP 3B - Swing Away Laterals

B. Swing-Away Anterior (S/A) Laterals - LEFT ONLY				
Must select POS Lateral, same size (SM - LG) recommended				
<input type="checkbox"/>	ENC2510L-RT	E1028	LEFT SM 6.25"H X 3.75"D	\$245
<input type="checkbox"/>	ENC2520L-RT	E1028	LEFT MED-SM 6.75"H X 4.25"D	\$245
<input type="checkbox"/>	ENC2530L-RT	E1028	LEFT MED-LG 7.25"H X 4.75"D	\$245
<input type="checkbox"/>	ENC2540L-RT	E1028	LEFT LG 7.75"H X 5.25"D	\$245
<input type="checkbox"/>	ENC2599L-RT	E1028	LEFT Custom POS Lateral	QUOTE
		Height	Depth	
Notes: _____				

B. Swing-Away Anterior (S/A) Laterals - RIGHT ONLY				
Must select POS Lateral, same size (SM - LG) recommended				
<input type="checkbox"/>	ENC2510R-RT	E1028	RIGHT SM 6.25"H X 3.75"D	\$245
<input type="checkbox"/>	ENC2520R-RT	E1028	RIGHT MED-SM 6.75"H X 4.25"D	\$245
<input type="checkbox"/>	ENC2530R-RT	E1028	RIGHT MED-LG 7.25"H X 4.75"D	\$245
<input type="checkbox"/>	ENC2540R-RT	E1028	RIGHT LG 7.75"H X 5.25"D	\$245
<input type="checkbox"/>	ENC2599R-RT	E1028	RIGHT Custom POS Lateral	QUOTE
		Height	Depth	
Notes: _____				

SUBTOTAL OF SECTION 3B: S/A LATERALS
\$ _____

STEP 4 - CALCULATE COMPONENT PRICES

4A. Base Package Price (Section 1+2)

HCPCS - E2617

Back Package (SBK90XX)	\$475
ENTER Foam Mod. (Subtotal - Step 2)	\$
TOTAL	\$

4B. Laterals Price (Section 3A+3B)

ENTER POS Lateral (Subtotal - 3A)	\$
ENTER S/A Lateral (Subtotal - 3B)	\$
TOTAL	\$

GRAND TOTAL

4A. Back Package Price	\$
4B. Laterals Price	\$
GRAND TOTAL	\$

NOTES



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